Effective October 1, 2001									10037366				
		CLAIMS AS	FILED,- (Column	•	(Colun	nn 2)		SMALL EN	ππγ. □	OR	OTHER SMALL I		
TOTAL CLAIMS			29					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			29_minus 20=		• 9.			X\$ 9=		OŖ	X\$18=	162	
INDI	PENDENT CLA	AIMS :	3 _ minus 3 =		*			. X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT .::								+140=		OR	+280=	·	
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL												1111)	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY:													
NTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST HEER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	* 9.8	Minus	** 0	19	=]:	X\$ 9=		OR	X\$18=		L
AMENDMENT	Independent		Minus::,		3	5 ; 1 } ;];	¹ X42=¹	,	OR	X84=	86:	1:00
	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	TCLAIM	<u> </u>	J *	+140=		OR	+280=		··•
			•	• •		23.	•	TOTAL ADDIT. FEE	· .	OR	TOTAL ADDIT. FEE	1/1///	
	· .	(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colu	mn 2)	(Column 3	<u>)</u>				•		E
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	·30	Minus	** 6	29	= /		X\$ 9=		OR	X\$18=	36	
	Independent	. 6	Minus	***	<u> </u>	= 2	4	X42=		OR	X84=	176	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						٢	+140=		OR	+280=		
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE	2/2pd	1
		(Column 1)		(Colu	ımn 2) _	(Column :	3)_					•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU! PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		9		X\$ 9=		OR	X\$18=		1.
ME	Independent	*	Minus	***		•		X42=		OR	X84=	:	1
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDE	NT CLAIM					1	·	1	1 .
	If the entry in colu	ımn 1 iş lose than	the entry in col	ևտո 2. wi	ite "O" in co	olumn 3.		+140=		OR	TOTAL		4
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											4		
"	The "Highest Nur	mber Previously P	aid For" (Total	or Indeper	ndent) is th	e highest nun	nber f	ps entt ni bnuo	propriate be	x in c	ólumn 1.		

Application or Docket Number